

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561830

FILING DATE

02 FEB 2007

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		AS FILED	AFTER		AFTER		
	1 ST AMENDMENT		2 ND AMENDMENT			1 ST AMENDMENT		2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/				51					
2		/			52					
3		/			53					
4		/			54					
5		/			55					
6		/			56					
7		/			57					
8		/			58					
9		/			59					
10		/			60					
11		/			61					
12		/			62					
13		/			63					
14		/			64					
15		/			65					
16	/				66					
17					67					
18					68					
19					69					
20					70					
21					71					
22					72					
23					73					
24					74					
25					75					
26					76					
27					77					
28					78					
29					79					
30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40					90					
41					91					
42					92					
43					93					
44					94					
45					95					
46					96					
47					97					
48					98					
49					99					
50					100					
TOTAL IND.	/									
TOTAL DEP.	15									
TOTAL CLAIMS	16									